



**Public Health**  
Prevent. Promote. Protect.

## Stark County Health Department Vital Statistics

<b>Birth Certificate</b> \$25.00 per certified copy		<b>Death Certificate</b> \$25.00 per certified copy	
<b>Burial Permit</b> \$3.00			

**Stark County Health Department, 3951 Convenience Cir, NW, Canton, OH 44718**

**Phone number - 330.493.9904**

### BIRTH CERTIFICATE REQUEST *(Information about the person on the requested record)*

Full Name <i>(indicate child's full name at birth/adoption):</i>		Number of birth record copies: _____ x <b>\$25.00</b> = \$_____	
Date of Birth	State of Birth	File Date of Certificate (staff only)	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Parent's full name (state/country of birth)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Parent's full name (state/country of birth)

### DEATH CERTIFICATE REQUEST

Date of Death:

Full Name at Death:

Number of death record copies:

\_\_\_\_\_ x **\$25.00** = \$\_\_\_\_\_

Place of Death

Township/City of Place of Death

I am requesting a copy with the SSN included because I am:

- ☐ The deceased's spouse, or lineal descendant
- ☐ The deceased's executor, attorney, or legal agent
- ☐ A representative of an investigative government agency
- ☐ A private investigator
- ☐ A funeral director (or agent responsible for disposition of the body) acting on behalf of the deceased's family
- ☐ A veteran's service officer
- ☐ An accredited member of the media

Nursing Home/Hospital Name  
(if applicable)

**You must attach a copy of your identification showing you are an authorized requestor.**

**Total Amount Due:**

\$\_\_\_\_\_

### APPLICANT INFORMATION *(Information about the person requesting the record)*

Applicant Name:		Email:	
Street Address:		Phone Number:	
City, State, & ZIP:		Signature of Applicant:	
Audit Numbers (staff only)			